



Please submit the information below to Rafi Hasan, via e-mail (hasanr@bloomington.in.gov).



Detach this portion of the form

Please enclose a \$30 check in the memo field please write: **MCDVTF Fall Conference registration fee.**
Payable to **City of Bloomington, Community and Family Resources Department.** Please mail to:

**Controller's Office
Registration: Monroe County Domestic Violence Task
Force Fall Conference
401 N. Morton Street, Suite 240
Bloomington, IN 47404**

*** APPROVED FOR CONTINUING LEGAL EDUCATION UNITS : 6.0 HOURS GENERAL AND 1.0 HOURS ETHICS**

(please print)

Name _____

Organization/Agency _____

Address _____

City _____ **State** _____ **Zip Code** _____

Phone _____ **E-mail** _____